



Customer Name: \_\_\_\_\_ Customer Phone Number (h): \_\_\_\_\_  
 Customer Address: \_\_\_\_\_ Customer Phone Number (w): \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_ Customer Email: \_\_\_\_\_  
 Home Performance Analyst: \_\_\_\_\_ Analyst's Company: \_\_\_\_\_  
 Customer BGE Account Number: \_\_\_\_\_

**Blower Door Test and Ventilation Compliance (Required if air sealing was done as part of project)**

<p>Measured Building Leakage: _____ CFM50 / ACH (circle one)</p> <p>Building Leakage Standard: _____ CFM50 / ACH / Mech. Ventilation CFM (circle one)</p> <p>Result: <input type="checkbox"/> Pass <input type="checkbox"/> Pass w/ Ventilation Recommended  <input type="checkbox"/> Fail - Action Required: _____</p>	<p><b>Method Used to Determine Building Leakage Standard (check one):</b></p> <p><input type="checkbox"/> Whole Building Mechanical Ventilation per ASHRAE 62.2 - 2007</p> <p><input type="checkbox"/> Ventilation Credit for Air Leakage (indicate required software used):  <input type="checkbox"/> TECTITE <input type="checkbox"/> ZipTest Pro2</p> <p><input type="checkbox"/> Ventilation Exemption for Existing Homes per ASHRAE 62.2 - 2007</p> <p><input type="checkbox"/> BPI Legacy Building Air Tightness Std per ASHRAE 62.2 - 1989</p> <p><input type="checkbox"/> Other: _____</p>
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**Combustion Equipment Testing / Combustion Appliance Zone Testing (Required)**

	Worst Case Test Results			Natural Condition Test Results			Flue Inspection	Isolated Zone	Venting Configuration	Action Required
	Spillage	Draft	CO	Spillage	Draft	CO				
Heating System 1:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	Yes No		
Heating System 2:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	Yes No		
DHW System 1:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	Yes No		
DHW System 2:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	Yes No		

Outside Temp. F°: \_\_\_\_\_

	CO Ambient	Base Pressure	Worst Case Pressure	Net CAZ Depress.	Limit for CAZ	Result	Isolated Zone Test		
CAZ 1:						Pass Fail	Pass Fail		<input type="checkbox"/> Action Required:
CAZ 2:						Pass Fail	Pass Fail		<input type="checkbox"/> Action Required:

Gas Leak Testing:  No Leaks  Leaks Detected as Noted: \_\_\_\_\_

Ambient CO: 

Kitchen	Main Living	Other - ppm

 Action Required: \_\_\_\_\_

Oven CO: 

Fuel	CO ppm	Vent Out?
		Yes No

 Action Required: \_\_\_\_\_

Dryer Vent:  Electric  Gas Properly Vented  Gas Improperly Vented. Action Required: \_\_\_\_\_

**Distribution System Air Flow and Leakage Test (Required if ducts were sealed as part of project)**

Airflow Test Result: _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Airflow Test Method: _____ If fail, action to be taken: _____	Duct Leakage Test: Duct Blaster Duct Test Result (enter here CFM25 to outside): _____
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**Verification of Measures Installed (Required):**

<input type="checkbox"/> Basement Air Sealed	<input type="checkbox"/> Gas Furnace Replaced	<input type="checkbox"/> Exhaust Fans / HRV Installed
<input type="checkbox"/> Attic Air Sealed	<input type="checkbox"/> Heat Pump Replaced - Air Source	<input type="checkbox"/> Exhaust Rerouted / Insulated
<input type="checkbox"/> Baseboard / Molding Air Sealed	<input type="checkbox"/> Htg / DHW Flue Replaced / Repaired	<input type="checkbox"/> Attic Ventilation Installed
<input type="checkbox"/> Windows / Doors Air Sealed	<input type="checkbox"/> Gas DHW Replaced w/ Gas Tankless	<input type="checkbox"/> Lighting: # CFL's / Fixtures _____
<input type="checkbox"/> Ext. Wall to Garage Air Sealed	<input type="checkbox"/> DHW Blanket / Pipe Insulation	<input type="checkbox"/> CO Monitor Installed (1 per floor)
<input type="checkbox"/> Attic Flat Insulated	<input type="checkbox"/> Low-Flow Showerhead(s) _____	<input type="checkbox"/> Health & Safety: _____
<input type="checkbox"/> Attic Slope Insulated	<input type="checkbox"/> Diagnostic HVAC Tune-up	<input type="checkbox"/> Health & Safety: _____
<input type="checkbox"/> Attic Kneewall Insulated	<input type="checkbox"/> Ducts Sealed / Insulated / Replaced	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Exterior Wall Insulated	<input type="checkbox"/> Central AC Replaced / Repaired	
<input type="checkbox"/> Attic Hatch Insulated/Air Sealed	<input type="checkbox"/> Other: _____	

**Contractor Statement and Signature:**

I attest that all of the information entered above is correct to the best of my knowledge. I agree to complete any items noted above for follow-up corrective action, and will submit an additional Post-Installation Tests and Inspections Form that verifies the successful completion of those items and records requiring follow-up tests or inspections:

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Customer Statement and Signature:**

I attest that I am the owner of the property specified above, that all materials and equipment included in my home improvement contract with the above Contractor have been furnished and installed by the Contractor, and that the work has been completed pursuant to the contract.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_